

THE GRADUATE SCHOOL

Certification of Full-Time Working Toward Degree Status

In order to qualify, students must meet the following criteria:

- Domestic PhD students must be within one academic year of ABD status or already ABD. International PhD students must be coursework complete, registered in Thesis, Pre-Dissertation, Dissertation, or Final Project.
- Domestic Master's students must be within one academic semester of degree completion, if not already course complete. International Master's students must be officially course complete and registered for in Thesis or Final Project.
- All students must have completed 24 or more graduate credits in residency (classified as levels G2, G3 or G4).

*For certification to count for the semester, the certification form must be approved prior to the first day of classes for that semester.

Name: _____ B#: _____

Email: _____ Degree sought: _____

Semester(s) for which certification is requested: Fall (yr) Spring (yr) Summer (yr)

Purpose for which certification is requested (check one or more): Loan Deferral Loan Application Immigration Status

I am: Course Complete ABD Other

My status is in compliance with the qualifying criteria listed above; and I am working at least the number of hours per week required below to complete research, given the number of credits that I am taking this semester.

Signature: _____ Date: _____

Academic Department

I certify that the above student meets the qualifying criteria and therefore should be considered full-time working toward degree. The student has also registered for the current semester and will be working to complete research at least the number of hours per week required to be considered full time. Please indicate below the number of credits hours the student is registered for and the number of weekly hours (in addition to class hours) the student will be working.

Semester credit hours registered: _____

Number of weekly hours (in addition to credit hours above) required for full-time working toward degree status: _____

Signatures and Routing

Principal Supervisor: _____ Date: _____

Dept. Chair/Director of Grad. Studies: _____ Date: _____

Approve Disapprove

Comments: _____

Forward completed form to your department for processing